

**EXHIBIT F**

# ACCIDENT AND HEALTH CLAIM CHECK REQUEST/ WORK SHEET

POLICY NUMBER **1257-758** CALIFORNIA DATE **2/7/2008**

FORM NUMBER **BO** ST/CTRY **4** AGENCY **CRS1** AGENT **06-1005** INS **1** AGE **53** INCURR DATE **12/14/2006** REPORT DATE **2/6/2006** CAUSE **419** AS **COINS**

CDS CODE **51448** CASH ACCOUNT **500.00** CHECK AMOUNT **500.00** AUTH **CRS1** NO CHK **NO ACCT** CHECK NUMBER **801178** 9/1/2004

CDS CODE **ACCOUNT** A & H CD **TOTAL CHARGES** INELIGIBLE **SEE REV** 100% BENEFITS **ELEGIBLE CHARGES** BENEFITS AT **%** CDS CODE **CRAH** TYPE OF CHARGE **HOSPITAL ROOM AND BOARD FROM TO**

**BS** 12200 07 **BS** **MISC. HOSPITAL CHARGES**

**CB** 12200 08 **CB** **SURGERY**

**DB** 12200 09 **DB** **MATERNITY BENEFIT**

**EB** 12200 10 **EB** **OUT PATIENT BENEFIT-ACCIDENT**

**FB** 12200 11 **FB** **MONTHLY BENEFIT** FROM **01/14/08** TO **02/14/08**

**GB** 12100 01 **GB** **1 MONTHLY BENEFIT**

**HB** **HS** **1 MONTHLY BENEFIT**

**IB** **IS**

**JB** **JS**

**KB** **KS**

**LB** **LS**

**MB** **MS**

**TOTAL** \$ **500.00** \$ **500.00** **TAX ID**

**CODE INSURED** **DONNA MATHEWS** **DONNA MATHEWS** **CALISTOGA, CA 94515** **ELAINE BOURG**

**PREPARED BY** **APPROVAL**

# IDENT AND HEALTH CLAIM CHECK REQUEST/ WORK SHEET

POLICY NUMBER 1285-764 CALIFORNIA DATE 2/7/2008

AGENCY NUMBER 7101 BO ST/CTRY 4 AGENCY AGENT AGENT CLAIM NUMBER 06-1005 INS 1 AGE 53 INCURR DATE 12/14/2006 REPORT DATE 2/6/2006 CAUSE 419 COINS

CD CODE A1 CASH ACCOUNT 51448 \$ CHECK AMOUNT 1,700.00 AUTH CRS1 NO CHK NO ACCT CHECK NUMBER CRAH 801180 9/1/2004

CD CODE ACCOUNT A & H CD TOTAL CHARGES INELIGIBLE (SEE REV. 100% BENEFITS) ELEGIBLE CHARGES BENEFITS AT % CDS CODE TYPE OF CHARGE

BE 12200 07 BS HOSPITAL ROOM AND BOARD FROM TO

CB 12200 08 SURGERY

DB 12200 09 MATERNITY BENEFIT

EB 12200 10 OUT PATIENT BENEFIT-ACCIDENT

FB 12200 11

GB 12100 01 GS MONTHLY BENEFIT FROM 01/14/08 TO 02/14/08

HB 12100 01 HS 1 MONTHLY BENEFIT

IB 12100 01 IS ABI 01/14/08 TO 02/14/08

JB KS

KB LS

LB MS

MB

OTL \$ 1,700.00 \$ TAX ID

CODE INSURED DONNA MATHEWS

TS DONNA MATHEWS

S CODE PAYEE NAME AND ADDRESS

Y1 DONNA MATHEWS

Y2 CALISTOGA, CA 94515

Z1

Z2

Z3

M486

PREPARED BY ELAINE BOURG APPROVAL

# CIDENT AND HEALTH CLAIM CHECK REQUEST/ WORK SHEET

POLICY NUMBER

1257-573

CALIFORNIA

DATE  
2/7/2008

FORM NUMBER

7H01

CDS CODE

51448

ACCOUNT

12200

A & H CD

07

TOTAL CHARGES

500.00

INELIGIBLE SEE REV

CRS1

NO CHK

NO ACCT

CHECK NUMBER

801179

CDS CODE

12200

08

09

10

11

12100

01

500.00

GS

HS

IS

JS

KS

LS

MS

TAXES WITHHELD

TOTAL

\$ 500.00

\$

500.00

\$

500.00

\$

500.00

\$

500.00

REPORT DATE

2/6/2006

CAUSE

419

AS

COINS

TYPE OF CHARGE

HOSPITAL ROOM

AND BOARD FROM

MISC. HOSPITAL CHARGES

SURGERY

MATERNITY BENEFIT

OUT PATIENT BENEFIT-ACCIDENT

MONTHLY BENEFIT

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

REQUEST NUMBER

801179

CDS CODE

12200

07

08

09

10

11

12100

01

500.00

GS

HS

IS

JS

KS

LS

MS

TAXES WITHHELD

TOTAL

\$ 500.00

\$

500.00

\$

500.00

\$

500.00

\$

500.00

\$

500.00

\$

500.00

\$

500.00

\$

500.00

\$

500.00

\$

500.00

\$

DATE

2/7/2008

CAUSE

419

AS

COINS

TYPE OF CHARGE

HOSPITAL ROOM

AND BOARD FROM

MISC. HOSPITAL CHARGES

SURGERY

MATERNITY BENEFIT

OUT PATIENT BENEFIT-ACCIDENT

MONTHLY BENEFIT

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

DATE

2/7/2008

CAUSE

419

AS

COINS

TYPE OF CHARGE

HOSPITAL ROOM

AND BOARD FROM

MISC. HOSPITAL CHARGES

SURGERY

MATERNITY BENEFIT

OUT PATIENT BENEFIT-ACCIDENT

MONTHLY BENEFIT

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

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01/14/08

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02/14/08

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01/14/08

TO

02/14/08

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02/14/08

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01/14/08

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02/14/08

FROM

01/14/08

DATE

2/7/2008

CAUSE

419

AS

COINS

TYPE OF CHARGE

HOSPITAL ROOM

AND BOARD FROM

MISC. HOSPITAL CHARGES

SURGERY

MATERNITY BENEFIT

OUT PATIENT BENEFIT-ACCIDENT

MONTHLY BENEFIT

01/14/08

TO

02/14/08

FROM

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02/14/08

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01/14/08

TO

02/14/08

FROM

01/14/08

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02/14/08

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01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

DATE

2/7/2008

CAUSE

419

AS

COINS

TYPE OF CHARGE

HOSPITAL ROOM

AND BOARD FROM

MISC. HOSPITAL CHARGES

SURGERY

MATERNITY BENEFIT

OUT PATIENT BENEFIT-ACCIDENT

MONTHLY BENEFIT

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14/08

TO

02/14/08

FROM

01/14

# ACCIDENT AND HEALTH CLAIM CHECK REQUEST/ WORK SHEET

POLICY NUMBER <b>1257-573</b>		CALIFORNIA		DATE <b>3/7/2008</b>	
FORM NUMBER <b>7H01</b>	BO	STCTRY <b>4</b>	AGENCY	AGENT <b>CRS1</b>	AGENT
CDS CODE <b>A1</b>	CASH ACCOUNT <b>51448</b>	CHECK AMOUNT <b>\$ 500.00</b>	AUTH <b>CRS1</b>	NO CHK <b>06-1074</b>	NO ACCT <b>1</b>
CDS CODE <b>A1</b>	ACCOUNT	A & H CD	TOTAL CHARGES	100% BENEFITS	ELEGIBLE CHARGES
BB	12200	07			
CB	12200	08			
DB	12200	09			
EB	12200	10			
FB	12200	11			
GB	12100	01		500.00	
HB					
IB					
JB					
KB					
LB					
MB	66500				
TOTAL			500.00		
CDS CODE	INSURED	TAX ID			
TS	Donna Mathews	SEE REVERSE			
	DEPENDENT				
CDS CODE	PAYEE NAME AND ADDRESS				
Y1	Donna Mathews				
Y2	[REDACTED]				
Z1	Calistoga, CA 94515				
Z2					
Z3					
CDS CODE		CRAH	INCURR DATE <b>12/14/2005</b>	REPORT DATE <b>2/6/2006</b>	CAUSE <b>419</b>
		REQUEST NUMBER <b>801326</b>			
		CDS CODE	TYPE OF CHARGE		
		BS	HOSPITAL ROOM AND BOARD FROM TO		
			MISC. HOSPITAL CHARGES		
			SURGERY		
			MATERNITY BENEFIT		
			OUT PATIENT BENEFIT ACCIDENT		
		GS	MONTHLY BENEFIT FROM TO		
		HS			
		IS			
		JS			
		KS			
		LS			
		MS	TAXES WITHHELD		
		PREPARED BY <b>Juanita Varela</b>			
		APPROVAL			

# ACCIDENT AND HEALTH CLAIM CHECK REQUEST/ WORK SHEET

POLICY NUMBER <b>1257-758</b>		CALIFORNIA		DATE <b>3/7/2008</b>	
FORM NUMBER <b>7h01</b>	BO	STACTRY	AGENCY	AGENT	AGENT
CDS CODE	CASH ACCOUNT	CHECK AMOUNT	AUTH	CLAIM NUMBER	INS
<b>A1</b>	<b>51448</b>	<b>\$</b>	<b>500.00</b>	<b>CRS1</b>	<b>06-1005</b>
CDS CODE	ACCOUNT	A & H CD	TOTAL CHARGES	INELIGIBLE	SEE REV
<b>BB</b>	<b>12200</b>	<b>07</b>			
<b>CB</b>	<b>12200</b>	<b>08</b>			
<b>DB</b>	<b>12200</b>	<b>09</b>			
<b>EB</b>	<b>12200</b>	<b>10</b>			
<b>FB</b>	<b>12200</b>	<b>11</b>			
<b>GB</b>	<b>12100</b>	<b>01</b>			<b>500.00</b>
<b>HB</b>					
<b>IB</b>					
<b>JB</b>					
<b>KB</b>					
<b>LB</b>					
<b>MB</b>					
TOTAL			<b>500.00</b>		
CDS CODE	INSURED		TAX ID		
<b>TS</b>	<b>DONNA MATHEWS</b>				
CDS CODE	PAYEE NAME AND ADDRESS				
<b>Y1</b>	<b>DONNA MATHEWS</b>				
<b>Y2</b>	<b>[REDACTED]</b>				
<b>Z1</b>	<b>CALISTOGA, CA 94515</b>				
<b>Z2</b>	PREPARED BY				
<b>Z3</b>	APPROVAL				
CDS CODE			CDS CODE	INCURR DATE	REPORT DATE
			<b>CRAH</b>	<b>12/14/2006</b>	<b>2/6/2006</b>
			<b>801327</b>	<b>419</b>	<b>9/1/2004</b>
			CDS CODE	HOSPITAL ROOM AND BOARD FROM	TYPE OF CHARGE
			<b>BS</b>		
				MISC. HOSPITAL CHARGES	
				SURGERY	
				MATERNITY BENEFIT	
				OUTPATIENT BENEFIT-ACCIDENT	
			MONTHLY BENEFIT FROM	TO	
			<b>GS</b>	<b>02/14/08</b>	<b>03/14/08</b>
			<b>HS</b>	<b>1 MONTHLY BENEFIT</b>	
			<b>IS</b>		
			<b>JS</b>		
			<b>KS</b>		
			<b>LS</b>		
			<b>MS</b>		